

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18012

State File No.

FILED JUN 15 1944  
Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County **GREENE**  
(b) City or town **Springfield, Mo. Bois D'Arc**  
(If outside city or town limits, write "RURAL" and name of township)  
(2) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **xxx**  
(Specify whether years, months or days)

## 3. (a) PRINT

FULL NAME **Cyrus V. Aldrich**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **xxx**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **mar.**  
6. (b) Name of husband or wife **Edith Aldrich** 6. (c) Age of husband or wife if alive **77** years  
7. Birth date of deceased **1 4 1860**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **2** If less than one day hr. **xx** min. **xx**

9. Birthplace **Cato Wisconsin**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter farmer**

11. Industry or business **building etc.**

12. Name **Cyrus P. Aldrich**  
13. Birthplace **Cato Wisconsin**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Catherine (?)**  
15. Birthplace **(?) Vermont**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Spencer**  
(b) Address **Bois D'Arc, Missouri**

17. (a) **Burial** (b) Date thereof **5-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Clear Creek Cem.**

18. (a) Signature of funeral director **Ray R. R. R.**  
(b) Address **Marshfield, Mo.**  
19. (a) **May 8/1944** (b) **Jewell Williams**  
(Date registered local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Greene**  
(c) City or town **Bois D'Arc, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **xxx** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **native US.** years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **6**  
year **1944** hour **6** minute **10** M.  
21. I hereby certify that I attended the deceased from **1/10/44**  
to **5/6/44**, 19**44**,  
that I last saw him alive on **5/4/44**, 19**44**,  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Uremic poison'g**  
**Gangrene feet & legs.**

Due to **Diabetes insip.**Due to **Anaemia anemia.**Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operation **none**Of autopsy **none**

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) **none**  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

23. Signature **B. J. Finkle** (M. D. or other)  
Address **Bois D'Arc, Mo.** Date signed **5/6/44**

Duration

3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office

County File Number 44-6-51

Date Filed 6-14-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

\_\_\_\_\_, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 320

Primary Registration District No. 5459

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Paris, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3rd Center Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAME

Cyrus V. Aldrich

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married,  
divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Jan 4 1866  
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 10 (If less than one day, \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) Jewell Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

—  
Junkan

21081